What is the Oncology Care Model & Why Does It Matter?

Fred M Schnell MD
Bo Gamble
Several “Awakenings” in the last 2000 years
First “Reformation” occurred in 1517
Awakening and reform is occurring in healthcare
- Attempts to define good, better, and best
- Patients are becoming more active decision makers
- New vocabulary
- New way of thinking
Example

Tahoe

- Fun
- Shop for it
- Budget for it
- Expensive
  - $15,252 annually. (6% interest on $77,920 for 84 months)

Cancer

- Not fun
- Typically do not shop for care
- Not in the budget
- More expensive
  - 1st year patient out of pocket for breast cancer $28,838 (Medicare coverage only)
Another Example

$ Mental health services
Wigs and other cosmetic items to address side effects
Fertility treatments or adoption fees
Lodging near treatment
Transportation to medical appointments and pharmacy
Costs for special food
Caregiving costs

Job loss
Childcare $
Legal services
Lost work hours income

Disability
Efforts to Improve

• Medicare’s Innovation Center’s – Oncology Care Model
  • 176 cancer care teams
• Other similar models
• Focus
  • Transform care
  • Identify quality
  • Increase quality
  • Identify costs
  • Lower costs
OCM Components

• Transformation guidelines
• Financial assistance to assist with transformation
• Quality and cost measures
• Specific communications to patients
• Sharing of savings
• Option for higher financial gain – but with payback clause
OCM Components – Good

• The entire journey
• Communications
• Coordinated care
• TOTAL cost of care
• Comparative information
• Accountability
• Other payers
• ALL are watching

Institute of Medicine Report

In 2006, the IOM issued a groundbreaking report that described core components of survivorship care and recommended a treatment summary and follow up care plan be given to every cancer patient. Also, the plan should be clearly explained.
OCM Components – Good
OCM Components – Not Good

- Extremely complicated
  - Requires analyst, consultants, actuaries
- The “needle” is not manageable
- Reporting is delayed
- Education and guidance is lacking
- “Trust” is not as high as it should be
- Not designed collaboratively
- All are not in agreement regarding quality and value
Medicare OCM ends 6/30/2021
New care standards are forming
Alignment on definitions
More insurance companies and now employers
Price of drugs is high priority
More collaboration
Package pricing?
Discussion
Thank you!